IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

March 12, 2009

Complaint Intake: #21513-C
21515-I

Pat Hanson, Administrator
Courtyard Estates Assisted Living
6132 NE 12th Avenue
Pleasant Hill, IA 50327

RE: I. Final Complaint and Incident Investigation Report– #21513-C and 21515-I
II. Civil Penalty
III. Hearings and Appeals
IV. Conclusion

Dear Ms. Hanson:

I. Final Complaint and Incident Revisit Investigation Report– Courtyard Estates Assisted Living, Pleasant Hill, IA.

Enclosed is the **Final Complaint and Incident Revisit Investigation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2009) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. DIA has reviewed the Plan of Correction (POC) and the Request for Reconsideration in response to the complaint investigation Report dated January 14, and 15, 2009. Based on the information provided, DIA denies the Request for Reconsideration as it relates to: Evaluation of Tenant, Tenant Documents, Service Plan, Nurse Review, Staffing, Structural Requirements and Other.

Evaluation of Tenant: Not specific to the actual elements of the report, specifically to nutrition and incontinence.

Tenant Documents: The program did not ensure the Hospice care plan was placed in the tenant's chart for the program's review and assessment, subsequent to a decline in tenant's health status.

Service Plan: The service plan did not coordinate with the Hospice care plan or the Hospice notes of January 8 and 9, 2009, to do hourly checks, following conversation between the Hospice nurse and leadership staff on January 8, 2009.

Nurse Review: Nurse review was not performed as required with a change in status. Nursing services shall be available in accordance with Iowa Code chapter 152 and 655—Chapter 6 6.2(5) as listed in 321 IAC 25.33(6).

Staffing: The staffing Regulatory Insufficiency remains due to the fact that the universal worker was unable to hear the pager outside of the building while shoveling snow.

Structural Requirements: The top metal of the six foot section of the radiant floor heater did not have a protective cover over the top.

Request for Reconsideration cannot be requested for civil penalties.

Other: Iowa Code 231.12, states the DIA shall be notified within twenty-four hours by the most expeditious means available, of any accident causing substantial injury or death, and any substantial fire or natural or other disaster occurring at or near an assisted living program. The program could have left a message on voice mail, emailed or faxed the incident report information to their Certification Coordinator.

The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Tenant Documents, Service Plan, Nurse Review, Staffing Structural Requirements and Other.

DIA is accepting the Plan of Correction (POC) following the program's submission of additional information.

II. Civil Penalty

If no appeal is requested within 30 days of receipt of this Final Complaint Investigation Report the civil penalty obligation, in the amount of ten thousand ($10,000.00) dollars, is required.

III. Hearings and Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

IV. Conclusion

Courtyard Estates Assisted Living is being assessed a $10,000.00 civil money penalty.

The Plan of Correction that was submitted is accepted. DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter. If you have any questions in regard to these matters, please contact me at 515-281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

Iowa Department of Inspections and Appeals
Assisted Living Program
Final Incident and Complaint Investigation Report

Assisted Living Program:

Incident Intake: #21515-I
Complaint Intake: #21513-C

Pat Hanson, Administrator
Courtyard Estates Assisted Living
6132 NE 12th Ave.
Pleasant Hills, IA 50327

Date of Investigation:

January 14 & 15, 2009

Monitor(s):

Ann Martin, RN
Lincoln Newsom, RN

Definitions:

The following definitions are relevant:

Regulatory Insufficiency - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

Plan of Correction - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

Dementia-specific assisted living program - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Overview:

An incident and complaint investigation on-site visit was conducted at Courtyard Estates Assisted Living on January 14 and 15, 2009. In preparing this report, the following information was considered:

Current Program Census:

General Population Program (GPP)* – A program that is not a Dementia Specific program, but may have tenants with cognitive disorder.

Current number of tenants without cognitive disorder:	22
Current number of tenants with cognitive disorder:	4
Total Population:	26

Dementia Specific Program (DSP)* – Not applicable.

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

Accreditation Status – Not applicable.

Program History – There have been Regulatory Insufficiencies in the areas of: Evaluation of Tenant, Service Plan, Medications, Staffing and Structural Requirements during this certification period.

Complaint Investigation – The complaint investigator(s) made the observations detailed in the following areas.

A. Evaluation of Tenant - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Tenant #1, a 99 year old, was admitted on 10/15/08 with diagnoses of: Pulmonary Embolism, Deep Vein Thrombosis and Failure to Thrive. A cognitive evaluation was completed on 1/08/09, staging the tenant at a six on the Global Deterioration Scale (GDS) and indicated severe cognitive decline. Functional and health evaluations were completed on 1/08/09. Under "Recommendations," it stated Hospice had been involved in the tenant's care since 11/21/08. Under "Skin," the program describes two regions which are open. The Hospice "Care-Plan-Fatigue, Weakness, Immobility, Skin Integrity" form dated 12/30/08 documents the tenant had a Stage I bilateral heal ulcer; however, this is not reflected in the program's evaluations. The program indicated in their evaluations, the tenant was to be turned and repositioned four times a shift. Hospice's Nurse's notes of 1/08/09 indicated Staff Registered Nurse (RN) #2 spoke with staff and provided education regarding hourly checks and turns and the Administrator would be speaking with night staff related to care needs.

  In an interview with the Hospice RN, she stated, "...found two trays in January, food tray left at bedside, [the tenant] needed to be fed and wasn't always." She also stated on several occasions upon her arrival to see the tenant, bowel movements were discovered in the bed and she had to ask for caregivers help to clean the dried feces on the sheets and soft feces on the tenant The Hospice RN stated on 1/8/09 the Staff RN #1 and Administrator were "embarrassed" and cleaned the tenant and indicated to her "we should be able to be in every hour."

- Regulatory Insufficiency: The program did not consistently evaluate each tenant's functional, cognitive and health status as needed, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any modifications to services needed. (25.23(2))

B. Tenant Documents – Program maintains a complete file for each tenant containing all appropriate documentation. [321 IAC 25.27]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Hospice provided a copy of their "Care Plan-Fatigue, Weakness, Immobility, Skin Integrity" form dated 1/08/09. This document indicates the Administrator stated to the Hospice RN, the patient would receive hourly checks from the facility days and nights. It also indicates hospice and facility staff discussed providing optimal safety and personal care for the tenant. The Hospice RN stated she had copied the care plan with new interventions and personally placed it in patient's chart with other care plans on 1/09/09.

  In an interview with Staff RN #1, she stated she had not been aware of any missing forms from a file intentionally.

During the course of the Exit Conference with the program, staff were asked to provide the Hospice care plan of 1/08/09. The Administrator and Staff RN #1 and #2 were unable to locate the document.

- Regulatory Insufficiency: The program did not consistently maintain a file for each tenant at the program that contains, when appropriate, medical information sheet, documentation of health professionals' order, treatment, therapy, medication and service notes. (25.27(1)(h))

C. Service Plan – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: The program updated Tenant #1's service plan based on their completion of functional, cognitive and health evaluations of 1/08/09. The service plan indicates the need for repositioning the tenant at least four times/shift and as needed, with needs met, peri-care after each incontinent episode, assist resident in eating and drinking for each meal, offer fluids at least four times a shift and as needed. The service plan does not reflect the recommendation and plan of care from Hospice regarding the need for hourly checks.

- Regulatory Insufficiency: The program did not consistently individualize and indicate, at a minimum, the tenant's identified needs and the tenant's requests for assistance and expected outcomes. (25.28(4)(a)

D. Nurse Review - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Staff RN #1 provided a written statement indicating she felt, with outside agency sitter/Home Health Aide to assist in Tenant #1's needs, needs could be met. She also indicated, prior to her evaluations of 1/08/09, the tenant was declining, and needing more services. She indicated the tenant needed assistance with bathing, hygiene, grooming, turning/repositioning, incontinent cares, eating and drinking.

  In an interview with Staff #3, she stated upon discovering Tenant #1 on the floor, she assisted the tenant back to bed, noting the tenant had sustained a burn to the right gluteal region. She stated she called the program's on-call nurse to advise her of the tenant's condition. At no time did Staff #3 provide front intervention related to burn/treatment and care.

  In an interview with Tenant #1's primary Hospice RN, she stated on two separate occasions in January she found trays of food left at the tenant's bedside, and the tenant needing to be fed. On 1/08/09, the Hospice RN discovered dried stool on Tenant #1's bed and requested Staff RN #1 and Administrator to come to the tenant's room. The Hospice RN stated Staff RN #1 and Administrator were "embarrassed"

and indicated to her "we should be able to be in every hour." Hospice progress notes of 1/09/09 indicated a conversation with Staff RN #2, indicating the tenant does not meet the criteria for continuous care at this time. Staff RN #2 voiced understanding. Hospice explained if the program was not able to check on the tenant at least hourly as indicated in the care plan, the tenant would need a higher level of care, such as long term care or Hospice House, again Staff RN #2 voiced understanding.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant, and make recommendations and referrals as appropriate, and monitor progress. (25.30(3)

- Regulatory Insufficiency: The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following, Supervising, among other things, includes any or all of the following: Determination that nursing care being provided is adequate and delivered appropriately. 6.2(5)(d)(4))

E. Staffing - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

During the course of the investigation, the following information was obtained.

- Monitoring Observation: Staff RN #1 provided a written statement, "we also felt with outside agency sitter/Home Health Aide to aid with needs, needs could be met." She also documented in a written statement, on 1/09/09 the program's "Director was aware of the need for increased staff to care for individuals in this state." Staff RN #1 asked for a second person on the 11:00 pm to 7:00 am shift. The Administrator on 1/09/09 was aware nursing staff was attempting to locate additional help.

  In an interview with Staff #1, she stated Tenant #1 required a lot of care. She stated she was unable to say if, in an emergency, the tenant would be able to use the call pendant to call for help. She stated it is hard to get morning needs met for the tenants and she felt an extra person would be helpful. She also stated it takes too long to get tenants call lights answered, sometimes they ring two or three times before they are answered. Staff #2, stated Tenant #1 required a lot of care. She stated the tenant was able to use the call pendant to call for help. Staff #2 stated at times there is not enough help. Staff #3, stated Tenant #1 required a lot of care. She stated the tenant was able to to use the call pendant to call for help. Staff #3, stated there is not enough help due to a lot of tenants requiring more help than others. She also stated while shoveling the snow she is unable to hear tenants' pages.

  Staff #3's written statement, indicated at 1:30 am she had checked Tenant #1 for repositioning and comfort. At 1:40 am she went outside of the facility to clean snow off the sidewalks, at 2:10 am she wrote "...the pager went off as I was coming in. I answered the page and @ 0215 went back into ...[Tenant #1's] room where ...was kneeling on the floor. ... hands were in between the bed and the rail." Staff #3 moved the bed out of the way after removing the tenant's hands. "...[Tenant #1] was making a gurgling sound and did not talk to me a @ first so I lifted ... back into bed..." Once the tenant was returned to bed Staff #3 "... noticed a discoloration to

[Tenant #1] R thigh and skin peeling." Staff #3 called the on-call nurse at 2:21 am and stated, "I needed help. I explained the situation, as stated above, and told her I think ... broke a rib. She told me to call hospice so I ran to the nurces(sic) office to get the number and color. I talked to the operator and told her ...that I had a pt of their's(sic) that fell. She said someone would call me back." Hospice called and Staff #3 explained that she found the tenant on the floor. The Hospice RN asked if Staff #3 thought the tenant needed a hospital and Staff #3 said yes. "One thing the hospice RN asked me is if we had any N/S and gause(sic), I said I did not know if there was any, but there was none in ...[Tenant #1] room." "At around 0300...[the Hospice RN] called back and said ...[Tenant#1] neice(sic) said to send ...to Methodist and that she had called the Midwest ambulance to take ..." At no time did Staff #3 provide front intervention related burn/treatment and care.

- Regulatory Insufficiency: Sufficient trained staff shall be available at all times to fully meet tenants' identified needs. (25.33(1))

F. Structural requirements – The structure of the program shall be designed and operated to meet the needs of the tenants. The buildings and grounds shall be well-maintained, clean, safe and sanitary.

Incident/Complaint Allegation: A tenant fell from bed and sustained burns and fractured ribs.

- Monitoring Observation: In an interview Staff #3 stated the tenant had fallen from bed on two previous occasions on the day shift. Tenant #1 was discovered by Staff #3 at around 2:10 am on 1/10/09, on the floor next to the floor radiant heater. She stated she saw the tenant at 1:40 am to 1:45 am and went back to check on the tenant at 2:10 am. The upper body side rails of the tenant's bed were in the up position the night she discovered the tenant on the floor. Staff #3 got the tenant back into bed. She saw a burn to the tenant's right thigh region and an indentation on the right rib side. She placed a call to the program's on-call nurse. The on-call nurse requested Staff #3 to call Hospice. Hospice was notified and an ambulance was called. The tenant was taken to a local hospital for evaluation. The hospital transferred the tenant to the University of Iowa for further evaluation of the burns. Upon discharge from the University of Iowa, the tenant was taken to a local Hospice house.

  During the investigation, staff and the Administrator stated the tenant liked to keep the room warm. On 1/14/09 Staff # 1 was asked to set the thermostat in the tenant's room to the temperature the tenant would normally have it, and to the temperature she had seen it set. Staff #1 set the thermostat to 84 degrees. An hour and a half later, a digital thermometer was used to check the temperature of the metal top of the radiant floor heater. A reading of 126.1 degrees was obtained. A second reading of the metal top was preformed on 1/15/09 with a representative of the management company. The second reading was 144.8 degrees. The management company representative was present and witnessed this reading. During the exit meeting another management company representative RN asked what the second reading was found to be and the first management company representative stated 144+ degrees.

  The radiant floor heater is located on the east facing wall of the tenant's room. Observation of the heater showed no protective cover over the metal top. The floor

heater is six feet in length by approximately six to eight inches in width. The front of the heater is not hot to touch; however, the top metal six foot section is hot to touch. This was also witnessed by the management company representative.

Assessments from the University of Iowa indicate the tenant sustained 3.5 percent body surface burns, mostly full thickness to the right gluteal region.

- Regulatory Insufficiency: The program did not consistently provide a building and grounds that are well maintained, clean, safe and sanitary. (25.40(1)b)

G. Other – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

During the course of the investigation, the following information was obtained.

- Monitoring Observation: The program attempted to report the incident to the Iowa Department of Inspections and Appeals on 1/11/09 at 11:06 p.m. The incident occurred at or was discovered at 2:10a.m on 1/10/09. The program did not notify the department within twenty-four hours.

- Regulatory Insufficiency: The program did not notify the Department of Inspections and Appeals within twenty-four hours, by the most expeditious means available, of any accident causing substantial injury or death, and any substantial fire or natural or other disaster occurring at or near an assisted living program. (231C.12)

Dated this 12th day of March, 2009.